

# National and State-Level HPV Vaccination Coverage

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# Overview

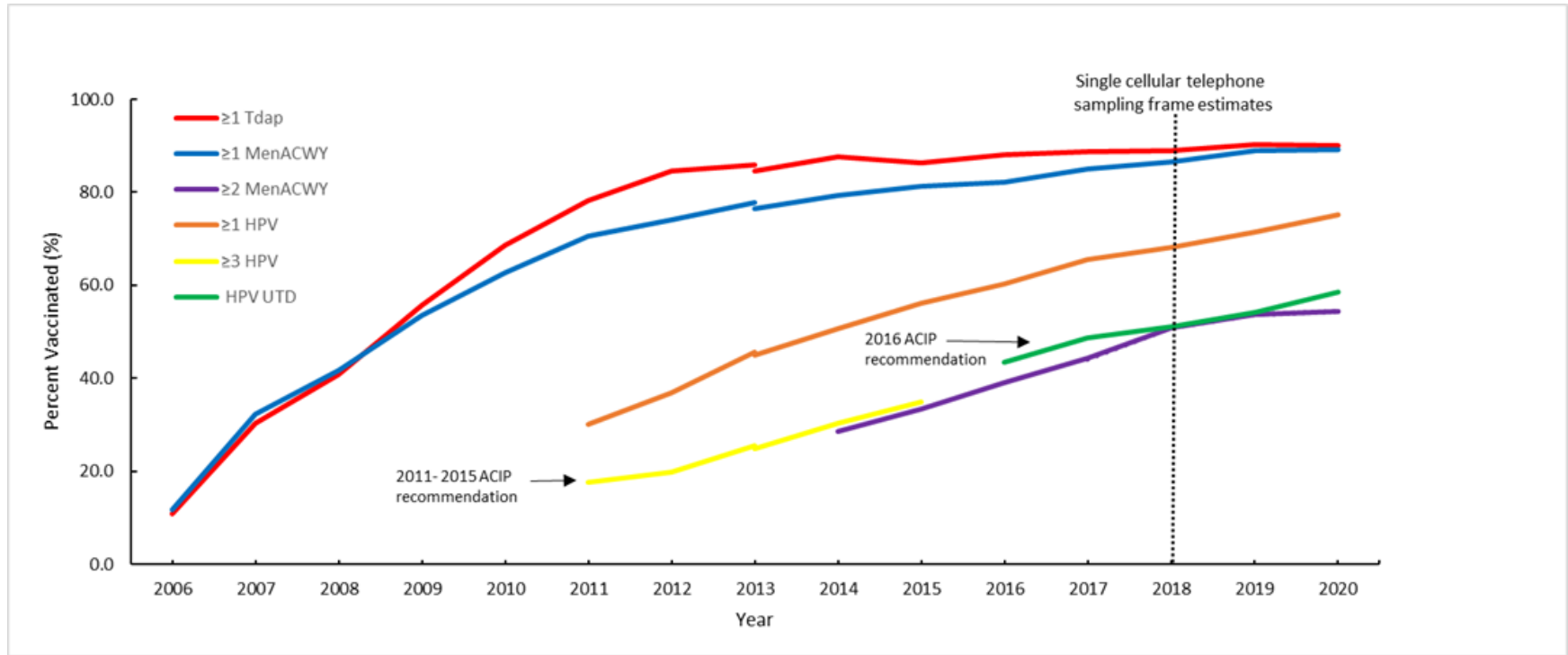
- Adolescent vaccination coverage levels
- Impact of the COVID-19 pandemic on routine vaccination
- Catch-up vaccination





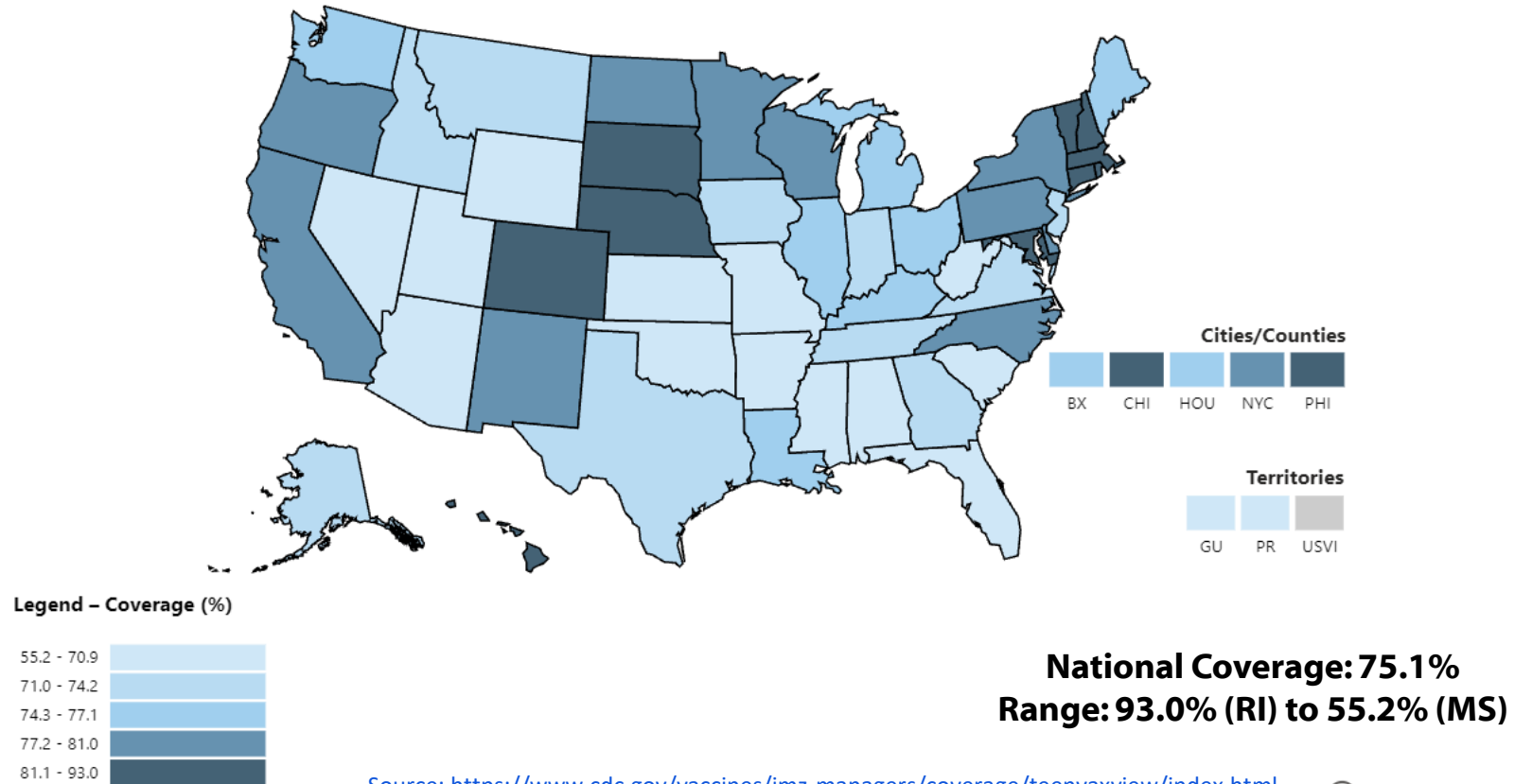
# Vaccination Coverage for Adolescent Vaccines

## Estimated vaccination coverage with selected vaccines and doses\* among adolescents aged 13-17 years, by survey year<sup>†</sup>—National Immunization Survey-Teen<sup>§, ¶</sup>, United States, 2006-2020

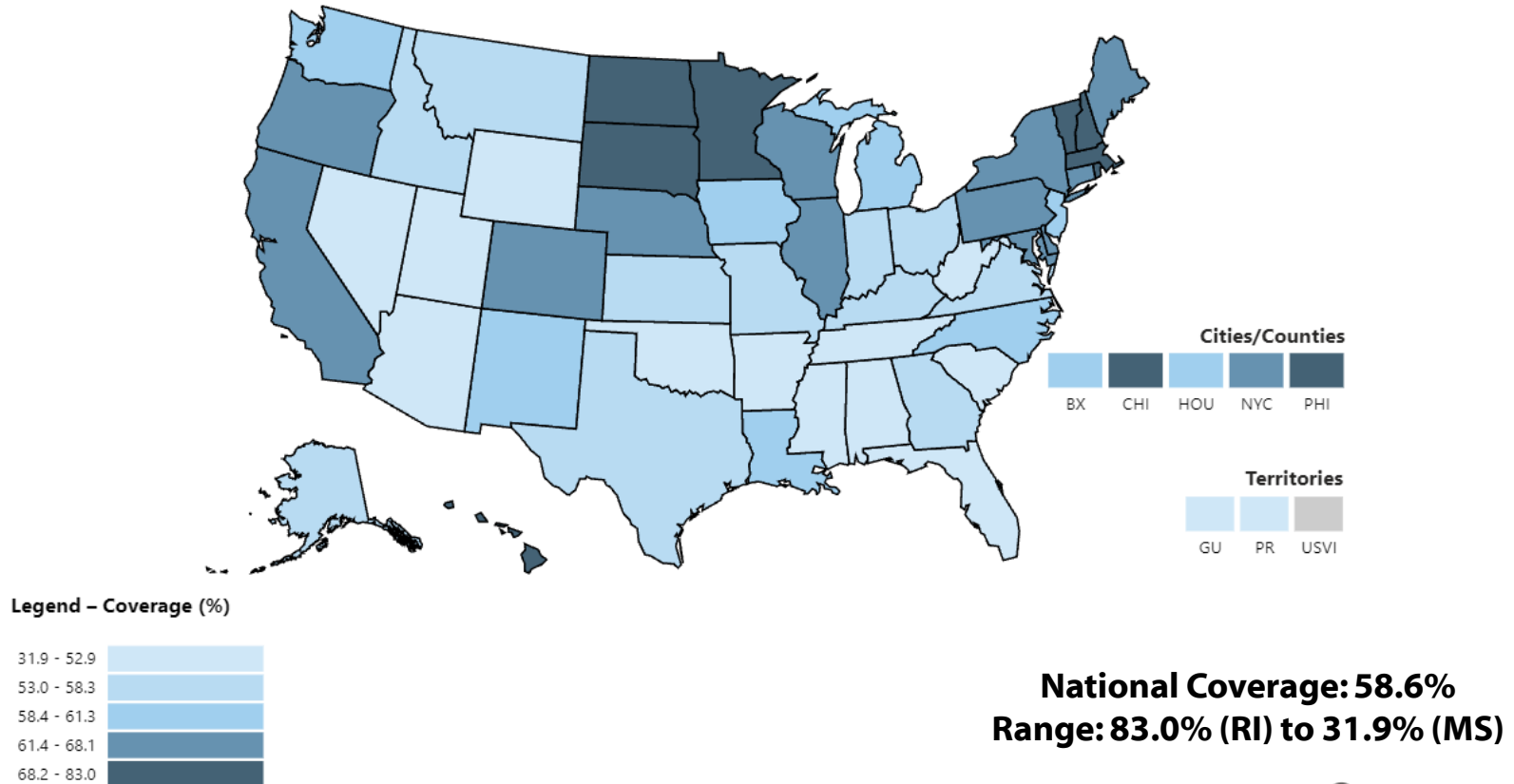


Abbreviations: Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine; MenACWY = quadrivalent meningococcal conjugate vaccine; HPV = human papillomavirus; ACIP = Advisory Committee on Immunization Practices.

# Estimated vaccination coverage with $\geq 1$ HPV vaccine, 2020

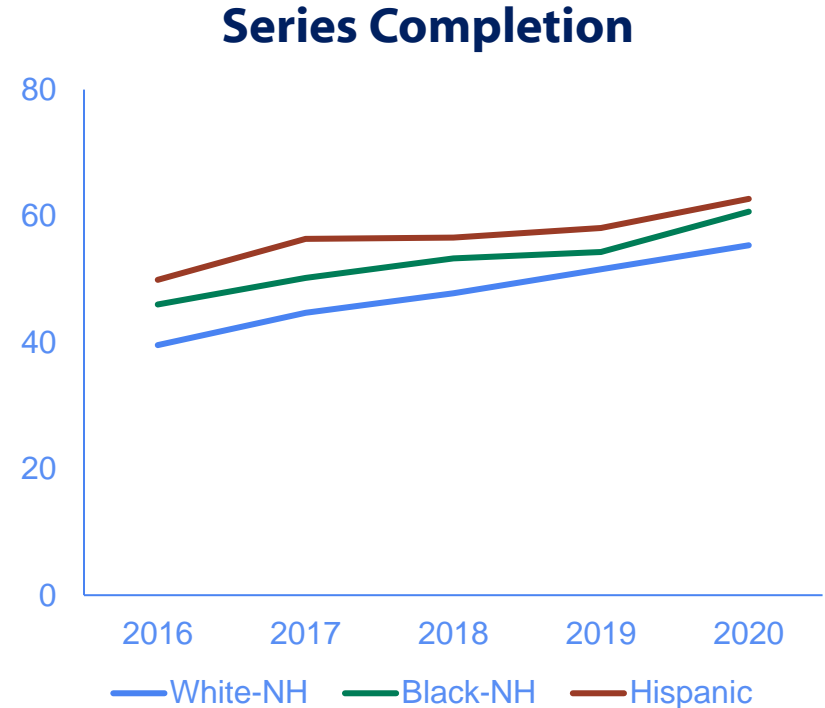
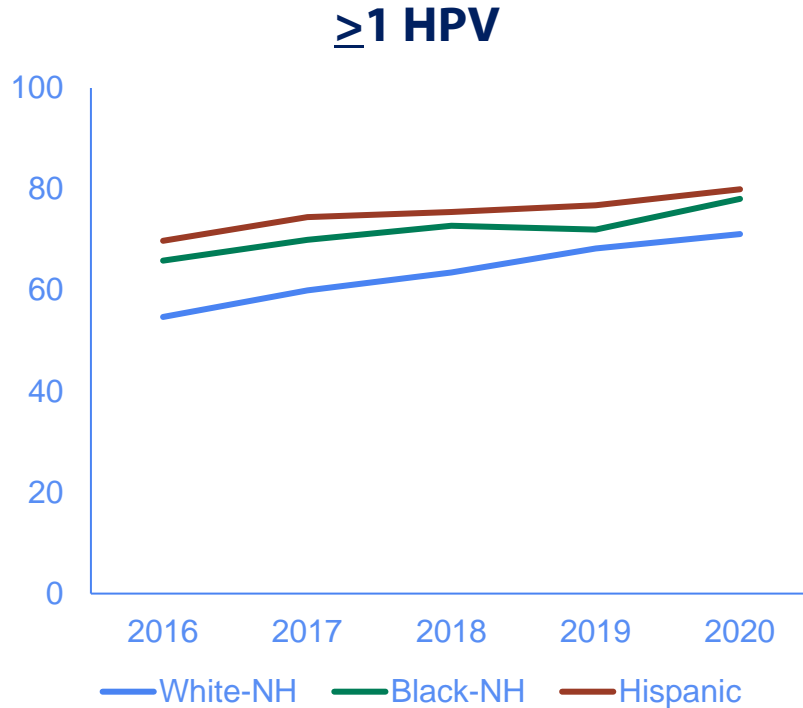


# Estimated HPV vaccine series completion, 2020



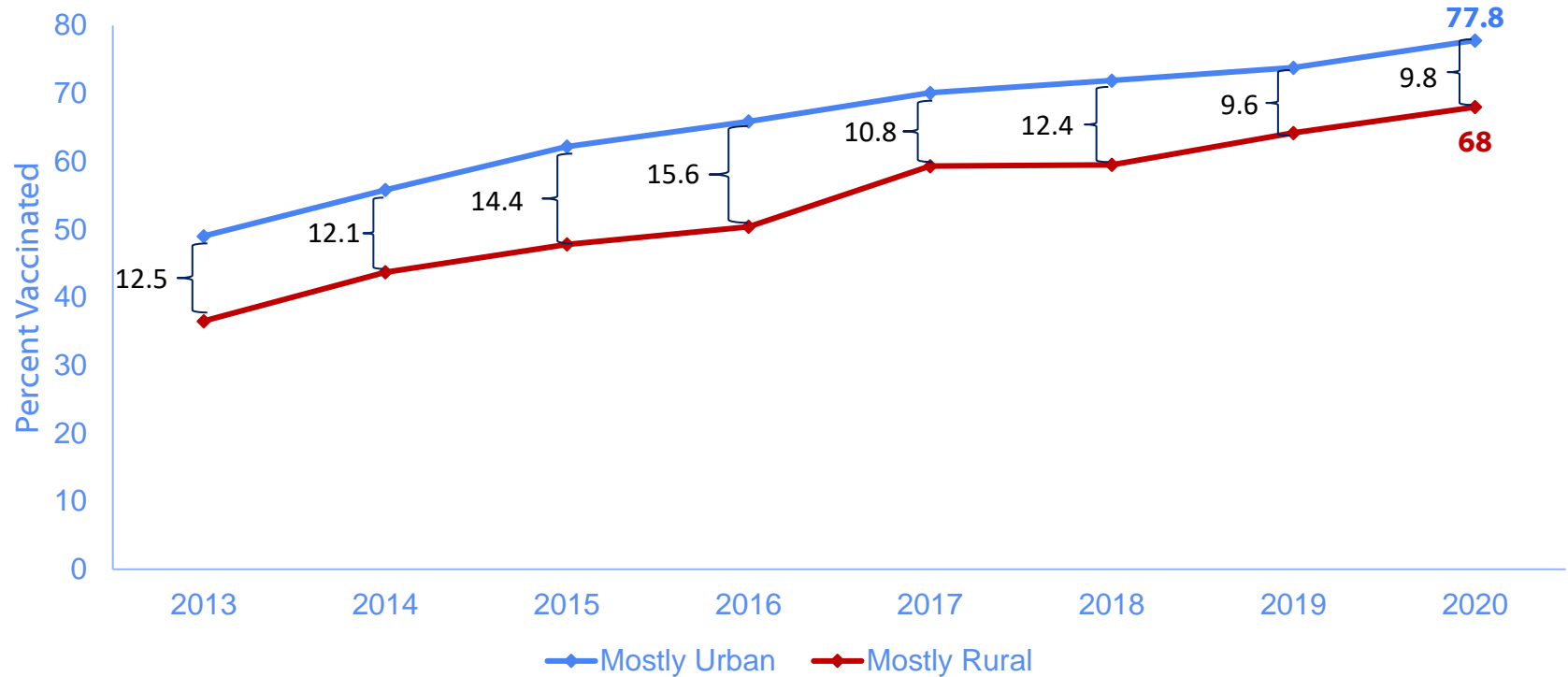
Source: <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/index.html>

# HPV vaccination coverage among **White Non-Hispanic** adolescents is consistently lower



Source: <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/index.html>

# ≥1 HPV vaccination coverage in **rural areas** is consistently lower



Source: <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/index.html>



# Key Points

- We continue to see high coverage rates nationally for Tdap and MenACWY vaccines
- HPV vaccination initiation and series completion continue to increase but coverage is still lower than that for other routinely recommended adolescent vaccines
- Continue to see disparities in vaccination coverage by race/ethnicity and MSA status

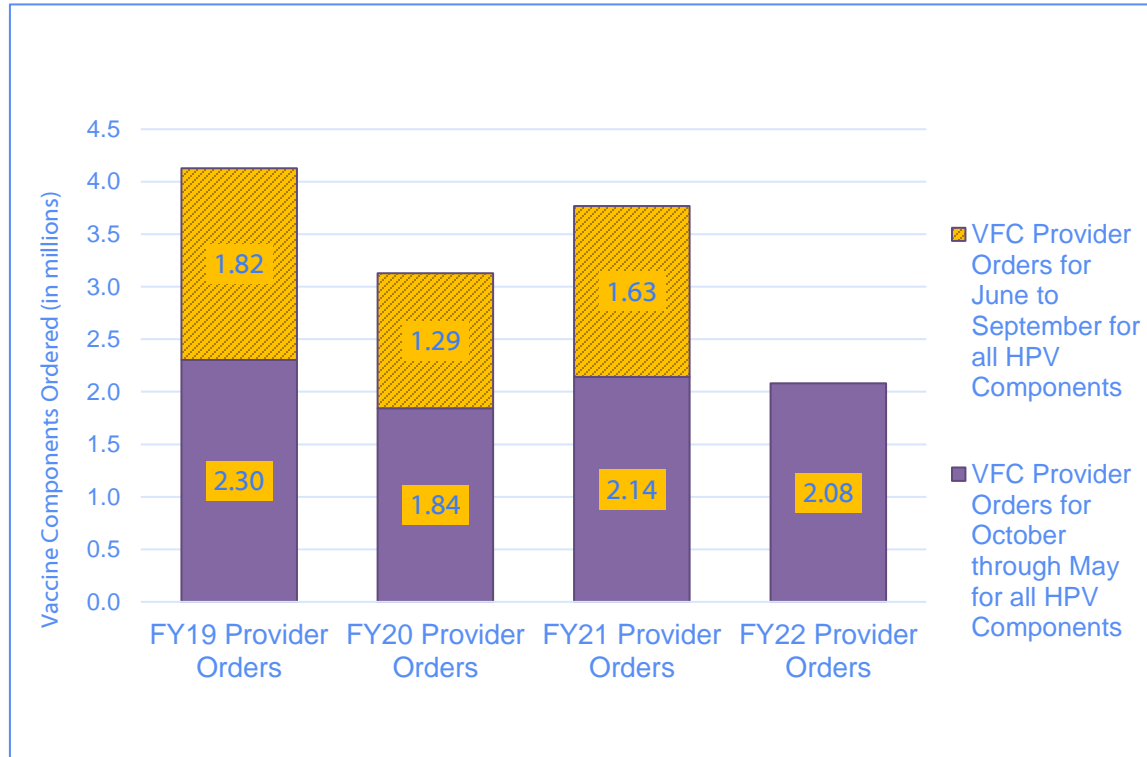


# COVID-19 Pandemic and Adolescent Vaccines

# Assessing the impact of the pandemic on vaccine administration

- Data from the 2020 NIS-Teen was not able to assess the impact the pandemic may have had on HPV vaccine uptake among adolescents
  - Most teens included in the 2020 sample had started the vaccine series prior to the pandemic
  - Additional years of data are needed

# Comparison of Vaccines For Children (VFC) provider orders for HPV vaccine by Fiscal Year\*

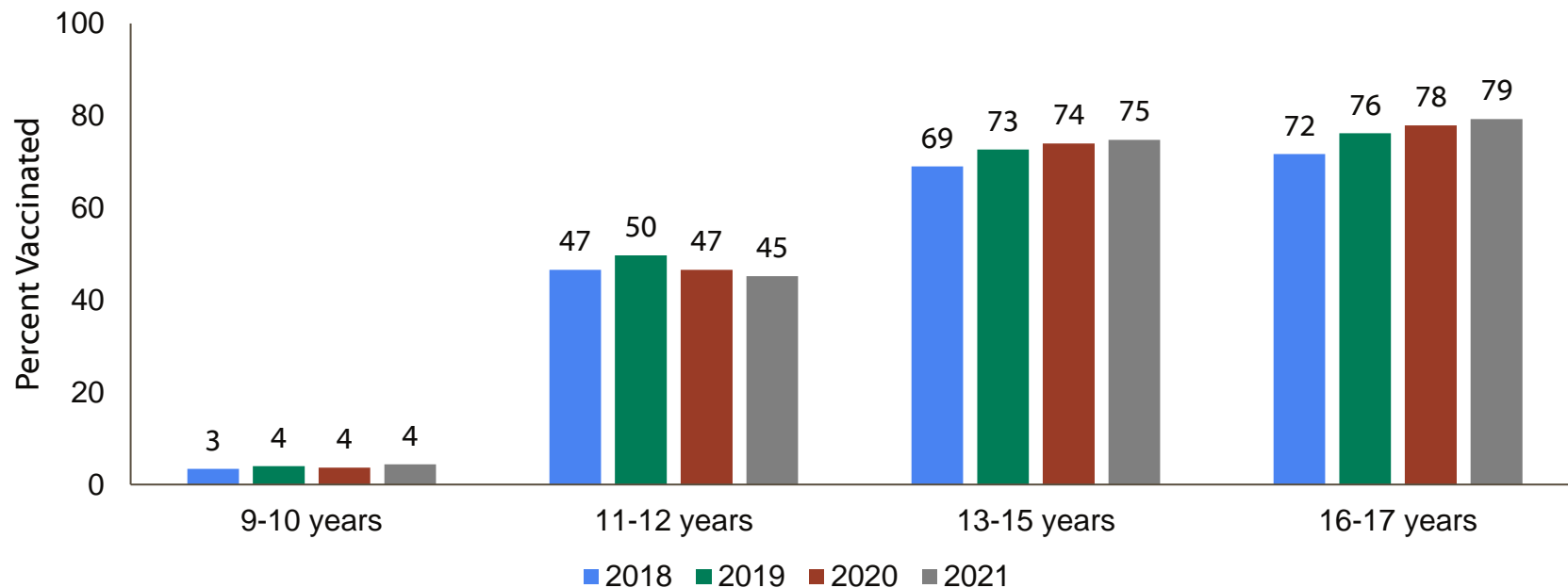


## Compared to FY2019

- FY2020: Total vaccine orders **decreased 24%**
- FY2021: Total vaccine orders **decreased 9%**
- FY2022: year to date (May 2022) orders are **down 10%**

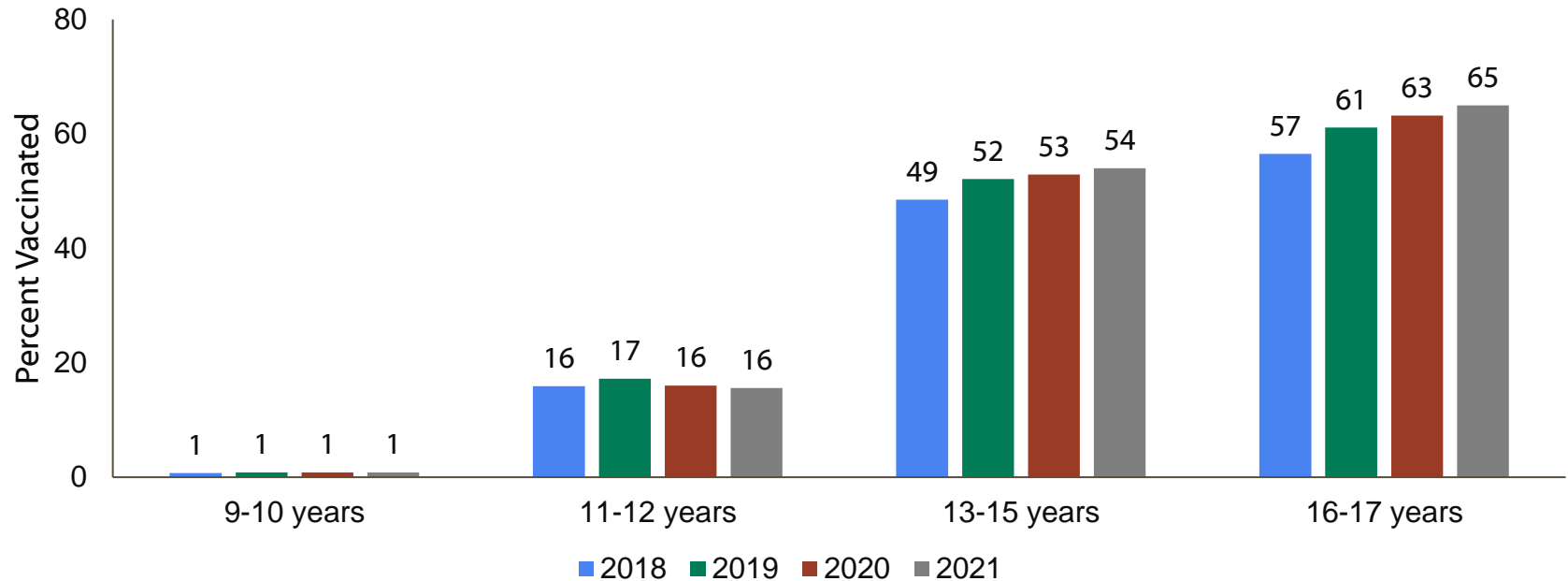
\*Fiscal Year is defined as October 1 through September 30.

# Vaccination coverage for $\geq 1$ dose of HPV vaccine by age, 13 IIS\* sites



\*IIS: Immunization information systems

# Vaccination coverage for $\geq 2$ doses of HPV vaccine by age, 13 IIS\* sites



\*IIS: Immunization information systems

# Key Points

- Vaccine orders and vaccine administration have decreased since the start of the pandemic, leaving some children and particularly adolescents unprotected from vaccine-preventable diseases
- Parental concerns about potential exposure to COVID-19 during well child visits might be contributing to the declines observed
- Concerted efforts are needed to help adolescents catch-up with vaccines that have been missed since the start of the pandemic

# Vaccine Catch-up

- Vaccine catch-up will be critically important over the coming months and will require a multi-faceted approach
  - Healthcare systems/healthcare providers
  - Schools
  - State and local government agencies
  - Public health
  - Communities



<https://www.cdc.gov/vaccines/partners/childhood/stayingontrack.html>



# Healthcare Systems and Healthcare Providers

- Encourage members to identify and follow up with families whose children have missed doses to get appointments scheduled
- Prompt clinicians when these children are seen to deliver vaccines that are due or overdue
- Communicate directly to families the importance of well-child visits and getting caught up on any recommended vaccines that were missed
- Let families know what precautions are in place for safe delivery of in-person services

# Acknowledgements

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# THANK YOU!

For more information, contact CDC  
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

